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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045800001		CITY OR TOWN GRANBY	
APPLICATION FOR RENEWAI	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: GRANBY	CAFE, INC.		
DOING BUSINESS A GRANBY	CAFE		
ADDRESS 489 EAST STATE &	SCHOOL ST		
CITY/TOWN: GRANBY	STATE: MA	ZIP CODE: 01033	
MANAGER: SWISTAK, ADRIAN	TYPE OF LICENSE: Res	category:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTION OF LICENSED			
2 1/2 STORY BLDG LOCATED STORAGE ON FIRST AND SEC		DINING ROOMS AND BAR	WITH
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the licensee has compl	ied with all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now of	open for business (If not expla	nin below)	
SIGNED BY			
	Partner or Authorized Corpo	orate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the head	l of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045800002	C	ITY OR TOWN GRANBY		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: 266 LOUNGE, INC.				
DOING BUSINESS A				
ADDRESS 74 PLEASANT ST.				
CITY/TOWN: GRANBY	STATE: MA	ZIP CODE: 01033		
MANAGER: HOULBERG, TYPE EDWARD V.	E OF LICENSE: General premis		nol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMAIL	L ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
2 FLOORS. THREE ROOMS IN CELLAR LICENSED IS A PICNIC/BARBEQUE AF				
I hereby certify and swear under penalties o	of perjury that:			
1. the renewed license will be of th	e same type for the sar	me premises now licensed;		
2. the licensee has complied with a	all laws of the Commor	nwealth relating to taxes; and		
3. the premises are now open for b	usiness (If not explain	below)		
SIGNED BY				
Individual, Partner o	or Authorized Corporat	te Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBI		
		(Note: <u>NOT</u> Individual Social Security Number)		
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head of	f the fire department for the above		
Please Check Below:		LOCAL LICENSING AUTHORITY		
APPROVED:]	By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 045800006		CITY OR TOWN	GRAIND I	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	POLVIC, INC. A VICKER'S LIQUE	ORS			
ADDRESS 367 E S'	TATE ST				
CITY/TOWN: GR	ANBY	STATE: MA	ZIP CODE:	01033	
MANAGER: VIC. J.	KERS, SUSAN TYP	'E OF LICENSE:Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF TWO ROOMS ON 1	LICENSED PREMIS	ES:			
	see has complied with ises are now open for Individual, Partner		ain below)	to taxes; and	
	,	·			
DATE:	TELEPHON	E NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045800008		CITY	OK TOW	IN GRA	ND I	
APPLICATION FOR	RENEWAL:	Annual		LIC	ENSED FO	OR 20	013
		CLASS					YEAR
LICENSEE NAME:	GRANBY LIC	QUOR STORE,INC					
DOING BUSINESS A	1						
ADDRESS 60 W STA	ATE ST						
CITY/TOWN: GRA	NBY	STATE: MA	ZI	P CODE:	0103	13	
MANAGER: JOHN	SON, JILL	TYPE OF LICENSE:P	ackage St	tore	CATEGO	ORY:	All Alcohol
EMAIL ADDRESS:							
P	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS			
DESCRIPTION OF L							
		ENT, FRONT ENTRAN	CE AND	SIDE RE	EAR ENTR	LANCI	E
I hereby certify and sw	_						
		be of the same type for the	-				
	-	with all laws of the Cor			ng to taxes;	, and	
3. the premise	es are now ope	n for business (If not exp	olain belo	w)			
SIGNED BY	Individual De	artner or Authorized Cor	noroto Of	ficer			
	marviduai, Fa	ittlei of Authorized Cor	porate Or	IICCI			
DATE:	TEI ED	HONE NUMBER:		EMPLO	YER IDENT	IFICAT	ION NUMBER:
	I ELEF	HONE NOMBER.	(1)				ecurity Number)
Please Check Below:			LOC	AL LICE	ENSING A	TITLL	DITV
APPROVED:			By:	AL LICE	M DINGING	UTHC	JKII I
DISAPPROVED:			Dy.				
(If disapproved explai	n)						
DATE:							
DAIE							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 045800011		CITY OR TOWN	I GRANBY	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 102 NE CITY/TOWN: GR	S A SUMMIT GE W LUDLOW RD		ZIP CODE:	01033	
	BIDOUX, BERT A.	ΓΥΡΕ OF LICENSE:P	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:]
		UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
STOREFRONT OF	TWO STORY BI	LDG, APPROX 1500 S	SQ FT		
2. the licen	wed license will be see has complied v	ties of perjury that: of the same type for the with all laws of the Confor business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Par	tner or Authorized Corp	oorate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 045800012		CITY OR TOV	VIN GRANDI	
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HARRY MARTIDIS				
DOING BUSINESS	A PIZZA PALACE				
ADDRESS 31 WES	Γ STATE ST				
CITY/TOWN: GRA	ANBY	STATE: MA	ZIP CODE	: 01033	
MANAGER:	ТҮРЕ	OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
ONE STORY BUILD BUILDING, EXIT II	DING WITH TWO BA N REAR	THROOMS. MA	IN ENTRANCE	IN FRONT OF	
• •	wear under penalties of				
	ed license will be of the	• •	•		
	ee has complied with al			ng to taxes; and	
3. the premi	ses are now open for bu	isiness (If not expl	ain below)		
SIGNED BY			O CCT		
	Individual, Partner or	: Authorized Corp	orate Officer		
DATE:			EN (D) O	VED IDENTIFICAT	
DATE.	TELEPHONE	NUMBER:		YER IDENTIFICAT Individual Social S	
			(marviadar Boeiar E	reality (validely
	d, attest that we are in				
	d by the building inspo (2) the certificate of lice				
of 2010.	(2) the certificate of hi	quoi nabinty inst	irance required	by Chapter 110	of the Acts
Please Check Below:			LOCAL LICE	ENSING AUTH	ODITV
APPROVED:			By:	ENSING AUTH	OKITI
DISAPPROVED:			Dy.		
(If disapproved expla	nin)				
	,				
DATE:					